

# CALIFORNIA'S HEALTH

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DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
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## Opening Address for the Sixth Annual Meeting — California Conference on Local Health Officers\*

WILTON L. HALVERSON, M.D., Director, California State Department of Public Health

This Sixth Annual Meeting of the California Conference of Local Health Officers is called to order at a time in the history of the world when the only certainty is uncertainty. In this there has been little change since last year's meeting and it is unlikely that there will be much change a year from now.

But of this I am convinced—the most significant contribution which you or I can make in the immediate years to come—the most significant contribution our profession of public health can make in these years is to aid in improving public health conditions in the countries which are in the balance insofar as the two opposing ideologies of the world are concerned.

A few years ago—but it might as well have been a century—China was the key country in the balance. Because of her size, population, and geographic location, her friendship was important. This we did not fully recognize until it was too late and China was lost to the countries of the west.

### INDIA IN THE BALANCE

The key country now is India, the largest of the Asian countries—a country which is now in the balance. India has not been led docilely by either of the opposing ideologies. For this and other reasons the eyes of the world are on her. One of her high officials is reported to have said that unless the status of the Indian villager can be improved to some extent during the next six years—that is before the next election—India may also move over to the ranks of the ideology opposing ours. This was not said as a threat or as a lever to gain help, but is a simple fact.

More and better food, a place to live, improved water supply and health services are some of the things the Indian villager wants and badly needs. I shall not discuss India's problems because Dr. Malcolm Merrill, who has just returned from that country, will tell us about his visit there and give us his impressions of the problems facing that new country among the nations. The west cannot afford to lose the friendship of this great country, if we can with dignity maintain it, because as India goes so will go a great number of the nations of the Far East.

I do not mean to say, or to infer, that each of us must plan to work in some foreign country. Probably only a few will have that responsibility, the opportunity, and the circumstances to make this possible. The rest of us will have the job of reinforcing the efforts of those who go and of making it possible for them to do a good job.

For this responsibility we have no particular personal incentives. There is a real shortage of public health workers in this Country and many vacant positions. Conditions of employment are better in this Country. Fortunately, some are attracted by the idea of travel and of service in a foreign country and are impressed with the importance of helping out neighbor nations to help themselves in this technical field. I have confidence, therefore, that the professional workers needed will be found.

### CHANGING EMPHASIS IN CALIFORNIA PROGRAMS

Here, at home in California, we also have increasing responsibilities caused by our tremendous population growth and new duties resulting from the developing technology of this modern age. At the meeting of the

\* Held at Fresno, November 19-21, 1952.

Western Branch of the American Public Health Association in Denver last June, I indicated what I believe to be a few changes in emphasis which should be made in our programs.

#### **Industrial Health**

The development of new chemicals, metals, biocides, and plastics immediately faces us with problems which require expeditious decisions as to control policy and methods for use. In some cases this may require the establishment of new activities. Later in our meeting here we will again discuss the problem of lindane which confronts us with the choice of prohibition or regulation. It is only an example of the new situations which we will meet with increasing frequency.

Those who may think of occupational health only in terms of industrial safety, or in terms of complicated machinery or elaborate laboratories, may be overlooking a public health problem which presents to the local health departments and to the State Department of Public Health both a puzzle and an opportunity.

The regular and periodic congregation of sizable numbers of people in a common environmental situation presents opportunities both for the spread of disease and for the control of disease. By far the majority of illnesses that occur among the employed population have no connection with the occupation more specific than the fact of common association. The relationship of health conditions at the place of work and health conditions in the home provides some fascinating epidemiological considerations. For every absence due to injury, there are 13 absences due to illness; and the majority of the illnesses are due to infectious diseases which fall into two categories—upper respiratory infections and gastro-enteritis.

It is for these, as well as other reasons, that local health departments, working with their local medical societies, can profitably interest themselves in occupational health, even though the specialized personnel and facilities so often associated with this program may not be immediately available.

#### **Radiologic Health**

Only yesterday members of the State Department of Public Health met together with experts in the field of radioactive isotopes, representatives of the Atomic Energy Commission and the State Department of Industrial Relations to explore in a preliminary way the control problems in the field of radiology. The representative of the Atomic Energy Commission stated definitely that AEC will not be in a position to carry this responsibility beyond the preliminary phase.

The number of shipments of isotopes into the State is rapidly increasing. Careless disposal of waste prod-

ucts can place in jeopardy large numbers of people. Even the hazards of diagnostic X-ray services can no longer be looked on with complacency.

We are extremely fortunate that, through the State Civil Defense Organization, a laboratory is being set up under the leadership of Dr. A. W. Bellamy to develop much needed baseline information and to carry on much needed research.

California is the first state to give this matter study with the end in view of developing a control program which will give our citizens the necessary protection. The conference must, in the near future, join with the State Department of Public Health in the development of appropriate proposals.

#### **Air Pollution**

I need not emphasize to you the urgency of the air pollution situation in our larger centers of population which are also our industrial communities. The recent experience in the San Francisco Bay Area indicates how far behind we are in the solution of the problem there.

The Los Angeles area this year has experienced a period of more than 70 days during which the inversion layer was consistently so low that extreme discomfort was experienced a good portion of this long period. Surgeon General Scheele is reported in the Los Angeles press to have stated, during his recent visit there, that the situation is extremely difficult if not impossible of solution.

In spite of the fact that California's Air Pollution Law does not place primary legal responsibility on the health officer, we cannot escape a moral responsibility to share in the solution of the problem.

This conference has, in the past, given the matter consideration and it is my strong feeling that we shall again be required to face up to it.

These problems, mainly in the field of environmental sanitation, demand thoughtful consideration and, sooner or later, will require more definite community action. By mentioning them I want it clearly understood that I am not minimizing those programs which relate to the control of some of the infectious diseases, such as poliomyelitis, encephalitis, and the dysenteries—which in our own State are the current difficult problems being challenged by recent developments. Programs for services relating to the chronic diseases and crippled children need to be worked out more effectively with the physicians in private practice and the appropriate voluntary agencies. Finally, the basic functions which engage the greater resources and energies of both state and local health agencies need periodic review and re-evaluation.

**PUBLIC HEALTH COMMITTEE OF THE CMA**

I should like to report to you that on Friday, November 14th, the new Public Health Committee of the Council of the California Medical Association met with members of the staff of the State Department of Public Health. This committee is composed of Dr. Francis West of San Diego, Dr. Hollis Carey of Gridley and Dr. Clifford Loos of Los Angeles.

Proposed legislation on rabies and milk pasteurization was discussed with the committee and was later approved in principle by the Council of the California Medical Association. The council on the recommendation of its Public Health Committee, also agreed to designate the Rural Health Committee to participate in discussions of health services for the unorganized areas with the appropriate committee of the California Conference of Local Health Officers and with representatives of the California Supervisors' Association. The council also agreed to designate a technical committee to work with the State Department of Public Health on the problem of prophylaxis for the prevention of ophthalmia neonatorum.

**HEALTH SERVICES FOR CERTAIN CITIES**

In connection with health services for unorganized areas, the State Department of Public Health would like to call to the attention of the conference the 15 incorporated cities which are within counties having approved health services, but which do not receive their health services from these county health departments. None of these cities is large enough to receive state financial assistance or to maintain effective public health programs economically. Yet, in the aggregate, their population is well over 100,000.

A united effort should be made to encourage these cities to secure their health services from their county health department.

**CONSULTATION SERVICES**

The staff of the State Department of Public Health believes that the effectiveness of its consultation to local health departments can be improved. This is probably an understatement from the viewpoint of many local health officers.

We desire your help in the evaluation of our consultation services. We suggest that in the near future a representative group of local health officers, such as the Committee on Administrative Practices, meet jointly with our administrative staff to discuss this problem of mutual interest. If you agree with this proposal I would suggest that the Executive Committee of the Conference, working with the staff of the Division of Local Health Service, set up a specific agenda as a basis for discussion, with the assignment of topics for informal presentation to the group.

**PROPOSED AMERICAN ASSOCIATION OF P. H. PHYSICIANS**

I should like to call your attention briefly to a proposal which has been made by a group of public health physicians, including: Bruce Underwood, Kentucky; Wilson T. Sowder, Florida; Grady I. Matthews, Oklahoma; R. C. Williams, Atlanta, Georgia; S. J. Phillips, Louisiana; and Frank E. Wilson, Washington, D. C. The proposal is to set up a new association of Public Health Physicians which could be compared to other specialized medical groups, for example the American Academy of General Practice or the American Association of Railway Surgeons. Among the arguments put forward are that neither in the American Medical Association nor in the American Public Health Association can the Public Health Physician be adequately represented.

A memorandum dated November 4th was circulated to state health officers regarding this proposal and it is anticipated that the proposal will be discussed during the week of December 8th by a committee appointed by the State and Territorial Health Officers' Association and one appointed by the Health Officers Section of the American Public Health Association, meeting in joint session with the sponsoring committee of the proposed organization. I should appreciate the viewpoint of the conference on the proposal in order that I may inform the sponsoring group as to the attitude of the health officers in California.

**STATE-LOCAL RELATIONS**

Finally, I should like to draw your attention to the impression which this conference is making on state-local relations in other parts of the Country. The visit of Dr. Haven Emerson last May, followed by the editorial in the *American Journal of Public Health*, emphasized value of the work of the conference and the importance of the contributions which you individually and collectively are making to public health in this great State.

**ROLE OF THE PRIVATE PRACTITIONER**

No small part of the results of the work of the conference is due to the recognition of the fact that the private practitioner is in the front line of the public health movement. He comes in contact with the patient at a time and under circumstances which make it possible to apply the known facts relating to primary and secondary prevention. In the work ahead this relationship will be increasingly important.

I suggest that you give particular attention to the editorial on this subject in the November issue of the *APIA Journal* because it states in words much more lucid than mine the importance of this relationship and the results which can be expected as the fruit of this relationship.



**STATE BOARD COMMENDS CONFERENCE**

As this new year of our conference experience begins, I bring to you the special commendation of the State Board of Public Health for the hours and energy which you have given to the conference in working out health problems and in enhancing working relations in our State. At the same time may I express the very sincere appreciation and thanks of myself and of the staff of the department for the opportunity of working with you in this very challenging and fruitful experience.

**Review Hearings on Crippled Children Services Completed**

The Interim Committee on Public Health of the California State Assembly has completed hearings in which they reviewed the Crippled Children Services of the State Department of Public Health. Hearings were held in San Francisco the latter part of September and in Los Angeles the middle of October. Representatives of the department participated in both hearings.

One of the major points considered was the relative responsibility which should be assumed by state and county governments for sharing the financing of the program. Other points discussed were the scope of the program, from the viewpoint of the categories of crippling conditions; the question of the feasibility of narrowing the medical definition of a crippled child; and methods of determining financial eligibility, particularly as to whether this could be more clearly defined.

The report of the interim committee has not yet been released. The department, however, is continuing its own thorough-going program review and is attempting to make the program increasingly effective.

**Social Service Staff Participates in Weimar Welfare Institute**

At the request of Weimar Sanatorium staff members of the Social Service of the State Department of Public Health assisted in the planning and participated in the presentation of a one-day institute held October 3d for the 15 welfare directors of the counties which the sanatorium serves. The institute was held for the purpose of orienting these county welfare directors to the tuberculosis care and treatment program of the sanatorium; acquainting them with some of the problems of the sanatorium patients with which the county welfare departments are very much concerned; and strengthening understanding and work relationships between the sanatorium and the county welfare departments.

**Civil Service Examination**

The California State Personnel Board announces a nation-wide examination for *Junior Sanitary Engineer*. California residence is not required. Final date for filing applications is January 31, 1953; examination date is February 28, 1953; salary range is \$341-358-376-395. Applications and further information can be obtained from the State Personnel Board in Sacramento, San Francisco, Los Angeles, and at local California Department of Employment offices.

**Trichinosis Traced to Bear Meat in Recent Outbreak**

An outbreak of trichinosis in California was reported recently that is especially interesting because the source was bear meat, instead of undercooked infested pork, which is the usual source. Seven of the nine people who ate the meat became ill 14 to 17 days after ingestion. The seven cases were clinically diagnosed as trichinosis and reported from Nevada County. The diagnosis was confirmed by the State Department of Public Health Laboratory when examination of portions of the same bear meat eaten by these persons disclosed numerous trichinella larvae encysted in it.

In this outbreak the bear meat was eaten by a family and their guests on a ranch in Nevada County. The bear had been brought from Lake County, butchered, and the meat placed in cold storage for approximately 10 days, then frozen. Evidently the freezing was not for a long enough period or at a low enough temperature to kill the trichinella larvae, and the meat was not sufficiently cooked before serving.

**Seasonal Warning Issued About Use of Unvented Gas Heaters**

With the coming of the winter season, Director of Industrial Relations, Paul Scharrenberg, has issued a warning to all state residents of the danger involved in the use of unvented gas heaters. Mr. Scharrenberg suggested a few simple precautions.

1. Check and adjust heating equipment before placing in use.
2. Before retiring, turn off the heater.
3. Leave windows open to admit a sufficient amount of air and to allow combustible material to escape.
4. Do not use the oven for room heating.

In the past five years California has averaged 78 deaths from asphyxiation and carbon monoxide poisoning and most of these have happened in the home.

## HIGHLIGHTS OF HEALTH OFFICERS' CONFERENCE AT FRESNO

Officers for the coming year were elected and recommendations for action on many significant public health problems were made by the California Conference of Local Health Officers at their semiannual meeting in Fresno, November 19-21, 1952. Dr. Roy O. Gilbert, Los Angeles County Health Officer, was chosen for the presidency; Dr. James C. Malcolm, Alameda County Health Officer, for the vice presidency; and Dr. Harold D. Chope, San Mateo County Health Officer, for the office of secretary. Dr. Elmer M. Bingham, San Joaquin District Health Officer, is the outgoing president.

At the three-day session the conference considered more than 35 matters pertinent to public health practices in California. Effective consideration of so heavy an agenda is made possible only by the hard work of the committees and subcommittees of the conference which in the months between the plenary sessions carefully study the items to be brought up at the semiannual meetings. Copies of their recommendations are sent to the local health officers in advance of the meetings.

The California Conference of Local Health Officers, with active membership of all local health officers in the State, functions mainly through its Committee on Administrative Practices. CAP consists of 13 health officers appointed by the president of the conference. For the past year Dr. David Frost, Alameda City Health Officer, has served as CAP chairman; Dr. Ellis D. Sox, San Francisco City and County Health Officer, has been appointed chairman for the ensuing year.

The three elective officers and the chairman of CAP together comprise the executive committee for the conference. This committee considers interim matters of importance.

Dr. Wilton L. Halverson, State Director of Public Health, gave the opening address, which appears in this issue. Guest speaker was Dr. John O. Hanlon, Assistant Director, Division of Health and Sanitation, Technical Cooperation Administration, who gave a "Report on TCA Public Health Programs." Papers were also presented by Dr. Alcor Browne, Arve Dahl, and Dr. Robert Dyar of the State Department of Public Health staff. It is planned to include some of these in later issues of *California's Health*, as well as more detailed accounts of the action taken by the conference on several of the more important items briefly outlined below.

### SERVICES FOR UNORGANIZED AREAS

Sixteen rural counties of California, with less than 3 percent of the State's population, do not have full-time public health services, and thus do not qualify for funds allocated under the State Public Health Assistance Act. The conference recommended that the

State Department of Public Health consult with local authorities in those areas to explore ways in which adequate services might be developed. If such services cannot be established through local means, the conference proposed that the state department be responsible for the provision of minimal public health services in counties of less than 25,000 population. The conference proposes that such services should be financed by 75 cents per capita of local funds to be paid to the State and that the state department also use those state funds which are available under the Public Health Assistance Act. Fourteen of the 16 counties which do not now have full-time public health services have populations under 25,000.

### MEANS TEST FOR TUBERCULOSIS PATIENTS

Affirming the principle that "isolation and treatment of all individuals infected with tuberculosis is primarily for the protection of the public health and necessary for the control of tuberculosis, and secondarily for the benefit of the individual," the conference went on record opposing the "means test" or other restrictive requirements for admission of tuberculosis patients to public tuberculosis hospitals. The conference will seek support of interested groups such as the California Medical Association, the County Supervisors Association of California and the California Tuberculosis and Health Association in exploring the possibility of eliminating such restrictive requirements through state legislation.

### PASTEURIZATION OF RAW MILK

Reaffirming previous action favoring state legislation which would require pasteurization of all raw milk except the certified grade, the conference adopted a resolution calling for active sponsorship of the proposed legislation to be introduced at the January session of the Legislature.

### RABIES LEGISLATION

To enhance wide community understanding and support of proposed state legislation for the control of rabies, a conference resolution urged local health officers to discuss the principles behind the proposed legislation with their community groups.

### FLUORIDATION OF PUBLIC WATER SUPPLIES

The conference reaffirmed its previous stand approving the fluoridation of public water supplies and resolved to study and endorse any proposed legislation favorable to that end.

### FEEDING RAW GARBAGE TO HOGS

In view of the fact that hogs fed on raw garbage are an important source of trichinosis, and that such feed-

ing practice also creates a nuisance because of the difficulty of controlling insects, rodents and odors, the conference recommended that requirements be established to render safe by "appropriate and adequate methods" garbage before it is permitted to be fed to hogs. Further research in methods of garbage treatment was also urged. The conference recommended that the problem of raw garbage be studied jointly by the State Departments of Public Health and Agriculture.

#### PREVENTION OF PREMATURITY

Last May the Conference's Study Committee on Maternal and Child Health and the State Department of Public Health sponsored two regional meetings on the prevention of prematurity. As suggested community follow-up to action taken at those meetings, the conference at Fresno recommended to each local health officer that the problem of prematurity be studied and discussed with various people in each community—such as representatives from the local medical society, hospital staffs, health department staffs, health committees of community councils and other interested groups. The conference also instructed its liaison committee with the California Medical Association to point up the problem of prematurity to the CMA for their study.

#### GUIDE FOR HEALTH EDUCATION ACTIVITIES

A guide for health education services in a local health department was adopted by the conference. The guide sets forth program objectives for a department to strive for through education and outlines how the total staff as well as health education staff might function in achieving those objectives.

#### OTHER ITEMS

In other action, the conference:

1. Approved proposed regulations governing production and distribution of bottled water;
2. Accepted a statement "Elements of a Dental Health Program for Local Health Departments";
3. Approved a guide to laboratory services, which sets forth the basic functions of a public health laboratory;
4. Approved a "Guide for Community Venereal Disease Control Service";
5. Adopted an immunization schedule for adults;
6. Adopted a resolution urging that the community level of immunization and vaccination be kept as high as possible to avoid shortages of immunizing agents and other difficulties in time of disaster; and
7. Adopted a statement on public health services, functions and responsibilities in civil defense.

### Educational Television Conference Called by Governor

Governor Warren has called a State-wide Conference on Educational Television to be held in Sacramento December 15th and 16th to obtain an expression from the people as to what they wish done in the development of this medium in California.

After a "freeze" of three and a half years during which time the Federal Communications Commission investigated the many complex problems involved in expanding television coverage to blanket the Nation, the commission added 70 channels of the ultra-high frequency band to the existing 12, and in April, 1952, set aside 242 channel television assignments for the exclusive use of noncommercial, educational stations in the United States. Eight of these were reserved for the following areas of California: Fresno, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco Bay, San Jose, and Stockton.

In July, 1952, the commission began to process applications for station construction. The television assignments set aside for noncommercial, educational stations will not be reserved for more than a year unless the commission can be given concrete, convincing evidence of the validity of intent for their use. This means that by April, 1953, each of these areas of California must show either definite plans for use of the channel reserved for it or must have an educational TV station in operation.

In August the State Department of Education called a meeting of interested persons in Sacramento to consider regional educational TV developments in California, the role of the State Department of Education and other agencies in developing and using noncommercial TV, and the identification of other problems to be resolved. It was reported at this meeting that committees have been formed in each of the eight educational TV areas of the State, and that the Los Angeles and the San Francisco areas are most advanced in their planning. In both of these areas private foundations have promised to finance construction and initial operation of the stations. At this meeting it was recommended to the Superintendent of Public Instruction that the use of the channels posed problems of sufficient magnitude to merit the calling of a state-wide conference of representative citizens.

In response to this expression and in view of the Governor's own concern in this problem the Conference of Educational Television was planned. Attending will be representatives of public, private and parochial school administrations. State and local governmental agencies, including health departments; parent and teacher associations; voluntary health agencies; pri-



vate foundations; motion picture industry; television management and equipment manufacturers; state and local medical, dental, and bar associations; clergy; labor organizations; taxpayers' and county supervisors' associations; service and women's clubs and other community leaders interested in education and public health.

### Health Educator Position, Kern County

Dr. William C. Buss, Kern County Health Officer, announces a vacancy for a health educator. Salary for this position is \$355 to \$433. Applicants should write to Dr. Buss at P. O. Box 997, Bakersfield.

### Mrs. Majorie Brush Takes Post in S. F. With United Cerebral Palsy Association

Mrs. Majorie Edwards Brush has been recently appointed Executive Director of the United Cerebral Palsy Association of San Francisco. Previously Mrs. Brush was Director of Community Relations for the Oakland Area Community Chest, but she is best known in public health circles for her nine-year period of service as the first Executive Director of the California Heart Association and of the Heart Division of the California Tuberculosis and Health Association after the merger of the two agencies. In that capacity she was influential in gaining support of legislation in 1949 which resulted in the appropriation by the State of funds for the present public health rheumatic fever program.

The United Cerebral Palsy Association is a comparatively new national voluntary health agency. The San Francisco affiliate has recently moved its offices to Room 502, 47 Kearny Street.

### Data Collection Phase Completed in Morbidity Research Project

The data collection phase of a research project on methods of measuring the volume and distribution of illness and disability among the population has been completed by the department's research staff assigned to the project. This first phase, designed to pre-test and evaluate alternate methods of morbidity measurement, has involved the field collection of illness and disability data in the San Jose area for the past year.

Information obtained in the study is now being processed and analyzed. It is hoped that methods selected from among those tested may be applied on a state-wide basis. Results of the study will be available early in 1953. Funds for the project were made available to the department by the National Institute of Health.

### Health Officials From Many Lands Visit Department

Thirty-four visitors from 21 different nations have visited the State Department of Public Health during the first 10 months of 1952. They came for the purpose of observing and discussing with staff members those activities of the department in which they were most interested. These visits are planned through the exchange of persons program of the U. S. Department of State and through the training programs of the Public Health Service, the Children's Bureau, the Bureau of the Census, the Rockefeller Foundation and other agencies interested in promoting the development of health activities in foreign countries. In many cases, arrangements were made for the visitors to observe local health departments, educational institutions, hospitals, and other institutions and activities throughout the State.

The following is a list of the names of our visitors and their professional affiliations:

#### SOUTH AMERICA

##### Chile

Mr. Remaldo Rumbit, 1st Engineer of the Hydraulics Department

Mr. Jose Gonzales, Visiting Engineer, Hydraulics Department

##### Bolivia

Dr. Nemisio Torris Munoz, National Health Department

##### Brazil

Dr. Edward Cattete Pinheiro, Commissioner of Health of Pará

#### ASIA

##### Turkey

Dr. Nihat R. Belger, Member of Parliament, President of Red Crescent Society, Professor of Medicine, University of Istanbul

##### Formosa

Dr. Jung Shan Lang, Deputy Director, Department of Health  
Dr. C. T. Chen, Expert in Epidemiology

##### Indonesia

Dr. Albert G. J. Kandouw, Chief of Malaria Control, M.S.A.  
Dr. Saiful Anwar, Head of Regional Health Services of East Java

##### Japan

Dr. Yuzo Toyama, Deputy Chief, Section on Serology, National Institute of Health

Dr. Kichinosuke Tatai, Industrial Physiology

Dr. Tatsuhiko Tsuji, Maternal and Child Health

##### Pakistan

Mr. Syed Muslin Ali, Engineer in charge of water filtration plant in Karachi

Dr. Najma Ataullajan, Maternal and Child Health Specialist

##### The Philippines

Mr. Benedicto L. Adan, Chief, Section of Sanitary Engineering, Bureau of Health

##### India

Dr. Clarence B. D'Silva, Assistant Director Central Research Institute and Permanent Officer of the Medical Research Institute, Kasauli

Dr. P. N. Rangiah, Specialist in Venereal Diseases, Government General Hospital, Madras; also lecturer in Venereal Diseases, Madras Medical College

##### South Korea

Dr. J. K. Chang, Federal Judge

##### Iran

Dr. Abbass Nafici, Professor of Dermatology, Medical School, Teheran, Deputy Minister

**AUSTRALIA**

Mr. Geoffrey I. Davey, Consulting Sanitary Engineer

**EUROPE****Sweden**

Miss Astrid Anderson, Midwife Consultant, Royal Medical Board

Miss Majsa Andrell, Inspector and Director of Nursing, Swedish Medical Board, State Committee on Nursing Education

**The Netherlands**

Mr. William A. G. Westrate, Director, Refuse Disposal Co.

**Germany**

Dr. Bernard Loster, Private Practice

Miss Ingeburg Bartels, Medical Statistician of Federal Republic

Mr. Renate Peine

Miss Martha Eder

Mr. Jacob Kuhn

Mr. Josef Damian

The above four are identified with Labor and National Social Service Insurance program

**Greece**

Dr. Theofanis Christodoulou, Professor of Bacteriology, School of Veterinary Medicine, University of Thessalonica

**Denmark**

Miss Karen Dreyer, Biostatistics

**England**

Mr. Peter C. G. Issac, Professor (Sanitary Engineering), University of Durham

**Yugoslavia**

Dr. J. Vesenjak Zmijanac, Senior Assistant Physician, Microbiological Institute Medical Faculty, Zagreb

**Switzerland**

Dr. Josef Vessely, Chief of Fellowship Division, Headquarters at World Health Organization, Geneva

**Personal Notes**

Miss Mary E. Head has become Recruitment and Training Consultant for the California Tuberculosis and Health Association. Miss Head was formerly executive secretary of the Sacramento local association.

Dr. Elizabeth Kelley, Health Education Consultant, Fresno State College, took a year's leave of absence and has gone to Singapore where she is one of seven specialists sent by the World Health Organization to the University of Malaya to help the staff of the medical school set up a division of public health. The purpose is to train personnel to establish and direct public health programs throughout Malaya.

Dr. P. K. Telford, Chief of the Division of Tuberculosis Control for the Los Angeles County Health Department recently retired after more than 26 years of service with that department. A specialist in tuberculosis control, Dr. Telford received national recognition for his pioneer work in planning home care for the patient and in preventing the spread of the disease to other members of the family.

**New Titles Added to Film Library**

Since the supplement of the 1952 film catalog of the State Department of Public Health was published in the July 31, 1952, issue of *California's Health*, a number of films and other visual aids have been added to the library. Full descriptions will be given in the next issue of the catalog so titles only will be listed here. All are available to interested groups in California. Requests should be sent to the Bureau of Health Education, Room 1150, Phelan Building, 760 Market Street, San Francisco.

**FILMS (16 mm.)****General Section**

Alcoholism  
Artificial Respiration (Back-pressure arm-lift method)  
Biology of Domestic Flies  
Cheers for Chubby (Obesity)  
Contamination of Drinking Water by Back Siphonage  
Defending the City's Health  
Drug Addiction  
First Aid in the Prevention of Shock  
The Heart (Anatomy and physiology)  
The High Wall (Mental Health)  
Look at a Stranger (Venereal Disease)  
Louis Pasteur—Man of Science  
Milk and Public Health  
Miracle in Paradise Valley (Accident Prevention)  
Place in the Sun (Cerebral Palsy)  
Post-Natal Care  
Rabies Can Be Controlled  
Report on the Living (Rheumatic Heart Disease)  
Rice and Health  
Tale of Two Cities (Group Work)  
Target: Tooth Decay  
Terrible Two's and Trusting Three's (Child Care and Development)  
That the Deaf May Speak  
Search (Cerebral Palsy)  
Unsuspected (Tuberculosis)  
Why Take Chances (Accident Prevention)

**Professional Section**

Collection of Adult Flies  
Fly Density by the Grill Method  
You Can Be Safe From X-rays

**FILMSTRIPS**

Cooking With Non-Fat Dry Milk Solids (sound)  
Once in Wally's Lifetime (sound), A guide to parents whose children are about to enter school  
VDRL Tests (sound) (professional)

**RADIO TRANSCRIPTIONS**

(For Use by Local Health Department Only)  
The Endless Frontier (five radio transcriptions dealing with medical research)  
The "People Act" Series  
No. 11 The People Act in Syracuse  
No. 18 The People Act in San Joaquin, California  
No. 22 The People Act in Santa Barbara, California



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